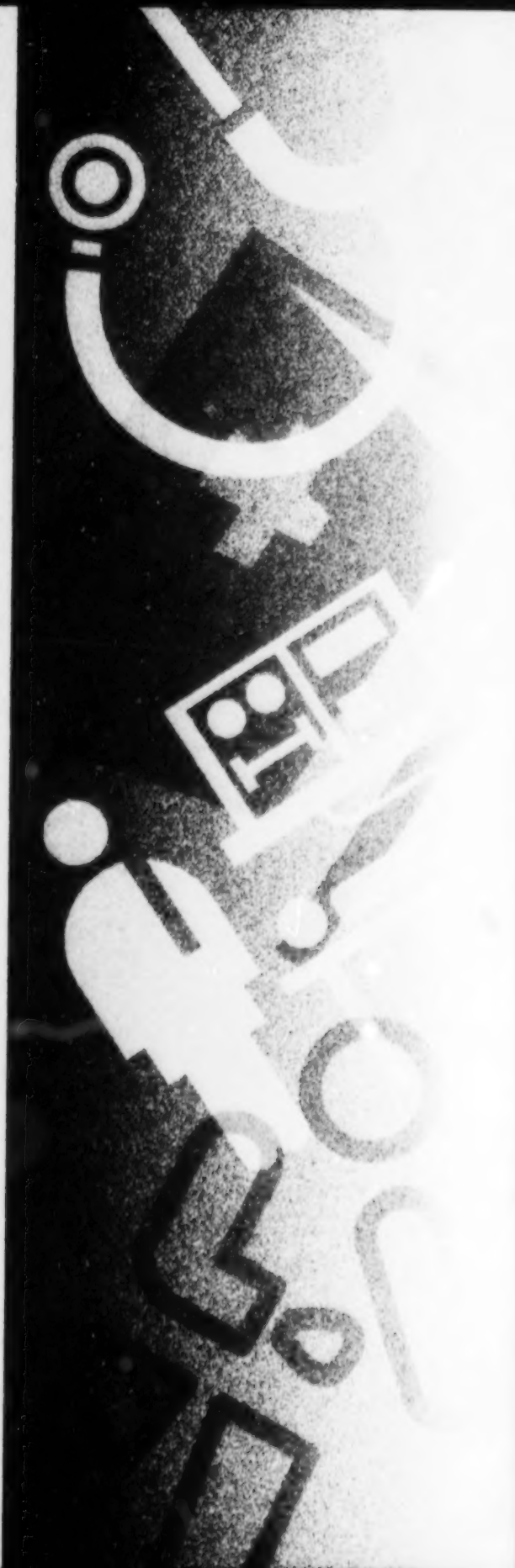




## Competent Care and Ethical Practice

The 1997 Annual Report  
College of Physicians and Surgeons  
of Nova Scotia



## College of Physicians & Surgeons Staff List

Main Number 902-422-4023  
Main Fax 902-422-4024

### Registrar's Office

Dr. Cameron D. Little	Registrar	902-422-2904
Dr. S. Glen MacLeod	Deputy Registrar	902-422-2905
Anne Tully	Legal Counsel	902-422-2907
Carolyn MacDonald	Admin. Assistant to the Registrar	902-422-2909

### Administration Department

Pat Pettit	Director of Administration	902-422-2908
Lisa Oakley	Financial Assistant	902-422-2910
Marv Ann Zwick	Secretary/Receptionist	902-422-2906

### Registration Department

Susan Williams	Registration Officer	902-422-2903
Lisa Oakley	Registration Assistant	902-422-2910

### Investigations Department

Dr. S. Glen MacLeod	Deputy Registrar	902-422-2905
Veronica Livingstone	Investigations Coordinator	902-422-2901
Gwen MacPherson	Investigations Assistant & Admin. Assistant to the Dep. Registrar	902-422-2902

Investigations Department Fax 902-422-4279

College office hours are 9 a.m. to 4 p.m. Monday to Friday.  
The auto attendant is on duty from 1 p.m. to 2 p.m.

### How to Reach Us

College of Physicians and Surgeons of Nova Scotia  
5240 Morris Street  
Halifax, Nova Scotia B3H 1B4


# Competent Care and Ethical Practice

The 1997 Annual Report

College of Physicians and Surgeons Of Nova Scotia

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## President's Report

# A Road Map to the 21st Century

Scientific, technological, social, economic and demographic forces are coming together at an accelerated rate. These forces continue to be the engines of change as we head to a new century and a new millennium. Add to this society's expectations and demands for accountability from those entrusted with decision making. Within this context, healthcare delivery will also have to respond and adapt to a changing environment.

The Council recognizes that it will not be business as usual for the College as we attempt to meet our objectives and outline our priorities. Council is well aware that in adapting to change, the goal remains the same - creating an environment that is conducive to high standards of professional care and ethical practice.

### Turning the Corner

Last year we reported on the structural change from a Board to a College, in accordance with the provisions of the Medical Act. This sequence will be completed with the next staggered election scheduled for May, 1998 when we will operate with newly elected Council members who will serve for a three-year term. The Council is smaller in size at fifteen members, and we continue to invite non-council members to participate in some of our standing committees and ad-hoc committees. The new Council structure

is designed to achieve two objectives - facilitate increased member input in our deliberations from the various provincial districts, and to encourage more members to experience the rewards and the challenges by serving on Council in the interests of their colleagues. A revised honorarium policy should remove any financial obstacles for considering such a position.

Council has, and continues, to concentrate on our prime responsibilities: licensing physicians, monitoring standards of practice and investigating complaints against physicians. We have reviewed concerns about the credentials of physicians in family practice with a defined license. We are satisfied after a thorough review including excellent feedback, that a process to ensure appropriate candidacy with the possibility of eventual full licensure will be put in place. Similarly, guidelines for postgraduate defined licenses for locum tenens positions are operational.

Our enhanced investigative process is now judged to be more comprehensive, and fair to both parties. As one would have hoped and predicted, only the most serious of complaints proceed to a hearing.

Staff keep us aware of emerging trends and concerns. In addition, increased demand for guidelines on standards of practice in several areas



Irene M.J. Szuler, MD, FRCPC, President

are receiving our attention. A dedicated group of individuals has worked on guidelines for medical record keeping which will be available to assist the profession soon. It is a compliment to our staff, in particular, the Registrar, that more groups are turning toward the College for direction and advice on matters of standards and policy.

### Strategic Repositioning

Our public representatives play a key role in validating the trust given the profession. Their broad experience has contributed much to Council's deliberations.

All of our standing committees are encouraged to engage in regular dialogue with appropriate constituents on areas of mutual concern so we can remain current on key issues. By acknowledging the issues and identifying the trends, we are confident the College can remain relevant to our constituents.

Reports of recurrent patterns of complaints or systemic problems that precipitate complaints are communicated to members and to institutions such as hospitals. This not only increases awareness of the problems but hopefully encourages changes in policies or practices which contributed to the original complaint. Efforts to communicate what we learn from other Colleges in Canada or

licensing bodies in the United States keeps our membership aware of key issues as well.

Innovations, for example, in computer and Internet technology will make it possible to conduct the practice of medicine in new ways. The interface between physician and patient will undergo change as a result of these innovations. Within the College's frame of reference, we will have to consider their impact if we are to be effective.

As with any organization, the College realizes the importance of a regular review of the College structure, its priorities and goals. This takes place internally at an Executive level with staff. We also invite external opinions. Consultation with other stakeholders will continue to grow.

### What's In Our Future

There is a clear need for practitioners to access guidelines on standards of practice readily. We are beginning to catalogue these guidelines so they will be accessible to members. We also want to review, modify if necessary or adopt standards already developed by other jurisdictions if they are applicable to our situation. Currently we share information on standards of practice with other colleges across Canada.

The increasing requests for clear, timely and instructive communication with our stakeholders are recognized and must be a priority for the future.

The role of the College in physician remediation has been strengthened through a local collaborative arrangement with Dalhousie University's Continuing Medical Education Division. This individualized program assists the physician in correcting deficiencies in knowledge and skills identified either through the Atlantic Provinces Medical Peer Review process or through an assessment procedure done as part of an investigation of a complaint. Ideally we would like to see an Atlantic region assessment of competence program.

Requirements for continuing medical education, maintenance of professional competence and defining the scope of practice among physicians and other

healthcare providers are part of the broader discussion of the practice of medicine.

Discussion on the ethical and legal basis with respect to the type of treatment decisions made by practitioners in daily practice is occurring. The College should be an active participant in these discussions.

We plan to extend our current dialogue with other health-related organizations and expand our outreach policy in ways that will benefit our stakeholders.

### Our Strengths

On reflection, the position of the College is strong. The dedication and efficiency of the administrative and support staff serve the public and the profession well. We are fortunate to be able to tap Dr. Cameron Little's dual expertise in law and medicine in his capacity as Registrar; the human relations skills of our Deputy Registrar, Dr. Clair MacLeod who deals with complaints, and the wise advice of Ms. Anne Tutty, our in-house legal counsel. On behalf of the Council and the College members, I wish to express my deep appreciation for their dedication and diligence.

We are at an exciting time in the life of the College. The transition to a fully elected College is an opportunity to attract members to participate in the work of the College through committee involvement. In addition we want to commit resources to improve our communications with our stakeholders.

We have a Council that is open, flexible and prepared to meet the challenges ahead. With the support of our administrative staff, we are well positioned to examine our current objectives, establish our priorities and lay the groundwork for future endeavours. I look forward to continuing to serve and contribute to these discussions.

Irene M.J. Szuler, MD, FRCPC,  
President



.... remaining relevant and vital to our members and the public

## Registrar's Year in Review: Gateway to Growth

### Activities

I invite you to examine the review of the College's activities which best illustrates the breadth of responsibilities undertaken during the course of the year.

#### Defined Licenses

A review of defined licenses in family medicine and guidelines for post graduate defined licenses for locum tenens positions is in place. Twenty residents are now enrolled in this category. An evaluation form is available for use by sponsors supervising physicians registered in the defined license category. The document evaluates competence, accountability and the level of continuing education.

#### Licensing

The Deputy Registrar has attended a meeting of the Professional Licensing Authorities on Quality Assurance and Continuous Quality Improvement. In Nova Scotia, this assignment is carried out as part of the Atlantic Provinces medical peer review process of which the College is a partner.

The Deputy Registrar has also attended an invitational workshop sponsored by the Royal College of Physicians and Surgeons of Canada. The purpose is to consider the assessment of international medical specialists' skill and knowledge for the licensing authorities.

#### Complaints Process

The number of complaints and the complexity of issues surrounding complainants files is marked. A staff

investigations coordinator experienced in the functions related to the complaints process has been appointed.

#### Communications

Keeping in touch with members has improved. The Council office now produces a quarterly newsletter entitled *Alert*, a more user-friendly annual report, and a series of small print pieces for use by physicians and the public.

The CMA policy statement on physician-assisted death has been endorsed by Council and been circulated to members.

#### Credentials

The Credentials Committee, has been authorized to identify issues related to credentialling.

A sponsor evaluation form produced for use by physicians who serve in a supervisory capacity for defined licensees has been produced.

#### Assessment of Competence

The Council continues collaboration with Dalhousie University's Continuing Medical Education Division in providing a remediation program for physicians who have had clinical assessments elsewhere and require some form of specific upgrading.

### Responsibilities

*... We must encourage an exchange of ideas in order to identify issues and areas for shared responsibilities.*

### Our People

Administrative and support staff, and technical/professional personnel work diligently to fulfill the College's objectives. The tasks stretch everyone's work capabilities but it has not lessened the degree of service to members. Outsourcing and contract work in some instances have been viable alternatives. Every effort is made to offer training and professional development to staff.

#### Peer Review

The Atlantic Provinces Medical Peer Review (APMPR) is owned by eight supporting bodies (medical societies and licensing bodies in the four provinces) and functions under the respective provincial Medical Acts. The peer review is designed to examine physician's office practise. It can, for example, identify:

- if the quality of medical record keeping meets acceptable standards
- prescribing patterns
- risk situations within the office setting
- important demographic statistics

#### Physician Education

Through the efforts of the Education Committee, we are attempting to address issues of concern to postgraduate medical trainees.

#### Added Services

- Wherever possible, we attempt to provide additional services to members.
- Guidelines for medical record keeping will be distributed shortly.

- About 180 physicians have taken advantage of medical practise incorporation.
- Guidelines on delegated medical functions for nurses have been put in place. The guidelines are the result of the work of the Scope of Practice Committee –a joint College/Registered Nurses Association of Nova Scotia project.

### QEI External Review

The College has considered the recommendations which appeared in the QEI external review report — in particular, one related to educating physicians and the public on end-of-life care. The College is participating in the planning of a full conference with Dalhousie's Division of Continuing Medical Education exclusively dealing with end-of-life issues.

### Impact of Technology

We are conscious of the impact that computer technology has on our daily lives and must consider how this may influence the doctor-patient relationship.

### Investigation Process

Council has fine-tuned many aspects of the investigation and hearings process. The Investigation Committees have worked to bring about a thorough and speedy resolution of complaints in many instances.

The most common and repetitive issues have been brought before the Executive Committee and these will be published in the Discipline Digest.

### Governance

The intent of the College's governing structure is to guarantee both efficiency and accountability on the part of the administration and the standing committees.

We have improved our operations so that staff can better cope with the demands of the job.

### Continuity

Ensuring continuity in the committee structure as new Council members assume their duties is vital. Attempts are made to identify non-council members who will offer their time and

expertise by serving on committees where possible.

### Finance

The College's disbursements for 1997 are at the same level as the previous year. This is due to cost containment measures and a firm commitment by Council to keep expenditures as low as possible.

There is a small surplus which is in part the result of early resolution of some complaints. However, a reserve fund exists to cover cost overruns that may occur as a result of an investigation or hearing.

The budgeting process is much improved due to the efforts of competent staff. The College is on a steady course financially. The Committee has attempted to anticipate future needs. As a result, the College:

- continues to maintain its current fee structure
- provides funding for special projects such as continuing education programs, peer review, and the medical library
- continues to modernize and upgrade computer equipment and software as need arises

The total assets of the College appear in the financial statement.

### Legislation

During the past year, other policy decisions have been made. They include:

- some revisions to the physician incorporation process
- medical record keeping
- defined license for post graduate trainees

### Re-registration

The 1998 re-registration form includes requests for information on:

- medical practice information
- any changes in hospital privileges
- evidence of a criminal offence

### Alliance Building

The Joint Working Group on Scope of Practice is making progress on delegated medical functions and expanded nurse roles in tertiary care centres.

Certain medical acts have been delegated to paramedics who are certified following a period of training.

### Amherst Project

The Registrar and a member of Dalhousie's Health Law Institute visited Amherst where a pilot project is being conducted by Dalhousie University's Division of Community Medicine. The purpose of the project is to remove barriers for physicians to become more active on issues dealing with adolescent sexual health.

### Federation Delegates Meet

The President, Registrar and two other delegates attended the annual meeting of the Federation of Medical Licensing Authorities in Canada (FMLAC). The meeting's agenda included workshops on:

- jurisdictional issues associated with the application of telemedicine (i.e. patient or physician venue)
- monitoring and enhancement of physician performance
- the practice of complementary medicine by physicians

These issues were also discussed during a meeting of the Atlantic Provinces registrars and College presidents held in New Brunswick.

### What Needs Doing

There is a need for the College to:

- improve communications with our members and the public
- continue to support Dalhousie's Division of Continuing Medical Education (CME)
- examine the problems and opportunities associated with a Physician Enhancement Project in consultation with CME
- clarify policy on third party requests for access to medical records
- continue to establish standards for medical practice
- keep physicians aware of conflict of interest issues and confidentiality

Cameron D. Little, LLB, MD, FRCPC,  
Registrar

# Governing the Practice of Medicine In the Public Interest

## Professional Competency

At a time when the healthcare delivery model is undergoing rapid change, the College's intent is to safeguard the quality of patient care by establishing competency standards for practitioners.

Our reference points for quality care are based on:

- tested standards of practice encouraging quality improvement programs
- administering licensing regulations

Working closely with Continuing Medical Education at Dalhousie University (and the Atlantic Provinces Medical Peer Review Program,) the College has been able to establish a template that links scope of practice and performance. In this way physician effectiveness in patient care can be monitored.

Those physicians who are identified as deficient in a specific area of clinical practice can participate:

- in assessment procedures to determine their skills and knowledge level
- in a remediation program designed to overcome deficiencies

These procedures are designed to maintain standards and performance and to encourage continuing education.

Every effort is made to prepare Council members for the decisionmaking tasks they will have to address in terms of education improvement programs, standards of practice and licensing.

## Operational Excellence

The College's objective is to seek continuous improvement in services to stakeholders. To accomplish this, Council and the administration are choosing the most efficient ways of utilizing College resources.

Broad healthcare issues are put before Council members to better prepare them to deal with current and future problems and possible opportunities. This system improves leadership capabilities and assures continuity of committee structure.

Some Councillors have attended workshops in alternate dispute resolution.

The College's office is staffed by competent, dedicated personnel. Defined roles and responsibilities have made for an effective and efficient management unit.

The College has established a comprehensive funding strategy to ensure long term stability of services. Fiscal responsibility is evident in the day-to-day operations. Because projects such as the Atlantic Provinces Medical Peer Review Program and Continuing Medical Education meet College objectives, they receive financial support.

As a matter of course, Council suggests occasional changes or amendments to the Medical Act or to the Regulations and reviews guidelines of other regulatory bodies that may have ramifications for the College. The implementation of policies and procedures related to delegated medical services is a case in point.

The College continues to work closely with relevant government departments, other medical licensing bodies, the Dalhousie Faculty of Medicine, the Medical Society of Nova Scotia, and the Regional Health Boards. In addition, the Council will occasionally seek advice by accessing expertise outside the profession.



## **IMPORTANT NOTE CONCERNING THE FOLLOWING PAGES**

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D'OBTENIR LA LECTURE DU TEXTE INTÉGRAL**

## Stakeholder Services

The College has the people to build credibility based on leadership, facilitation, and value-based decisions. In order to remain relevant to the College's stakeholders, the focus is:

- to follow the College's core commitment as defined by our mandate
- to expand existing services as need arises

Council recognizes the importance of being responsive to the ever-changing expectations of its constituents. Therefore, Council makes every effort to explain the College's position on matters of concern to all stakeholders.

The College tracks emerging trends which serve to identify possible new initiatives.

Currently, the College hears allegations of professional misconduct, incompetence and unacceptable or substandard practice. It works to strengthen the investigation and

resolution process by investigating complaints thoroughly, dealing with them fairly and completely.

Council can also offer general advice to physicians on ethical and medical issues that may occur in daily practice.

The College has also established a presence in the community. Through the Registrar and the Deputy Registrar, channels of communication have been opened in an effort to discuss issues of mutual concern. Members of staff and Council are engaged in complimentary activities such as:

- an outreach project with physicians in Amherst
- a program on end-of-life care in cooperation with Continuing Medical Education
- A collaborative project on delegated medical functions and advanced nursing procedures with the Registered Nurses Association of Nova Scotia

## Member Services

- Licensure
- Certificate of Standing
- Register Professional Corporations
- Professional assessment and enhancement with support of CME at Dalhousie
- Medical record keeping
- Prescription Monitoring Reviews
- Statistical reports
- Surveys
- Print resource materials for physicians and patients
- Member newsletter
- Occasional case studies as learning modules
- Student scholarship
- Materials for Kellogg Library
- Support for Atlantic Provinces Medical Peer Review
- Consultation with other licensing bodies
- General advice to members
- Liaison with other agencies

## Council – 1997/98



FRONT: Dr. Naqvi, Dr. Pearce, Dr. Szuler, Dr. Awan BACK: Mr. Stern, Mr. Colpitts, Dr. Leahey, Dr. MacLeod, Dr. Acker, Mrs. Valardo, Dr. Little, Dr. Anderson, Dr. Murphy, Ms Jackman ABSENT: Dr. Harrigan, Dr. Yabsley



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## Auditor's Report

We have audited the financial statements of the College of Physicians and Surgeons of Nova Scotia as at December 31, 1997 in accordance with generally accepted auditing standards and expressed an unqualified opinion on these financial statements in our report, dated February 9, 1998 except as to Note 2 which is as of February 23, 1998.

In our opinion, the information contained in the attached condensed statement of revenue, expenses and surplus is consistent with the above mentioned financial statements from which it was derived.

To obtain a better understanding of the organization's financial position and the results of its operations for the year ended December 31, 1997, this condensed financial statement should be read in light of the audited annual financial statements.

*White Burgess Langille Inman Chartered Accountants*

*Bedford, Nova Scotia, February 9, 1998 except as to Note 2 which is as of February 23, 1998*

### College of Physicians and Surgeons of Nova Scotia Condensed Notes to Financial Statements for the Year Ended December 31, 1997

#### 1. ACCOUNTING POLICIES

##### Capital assets

Capital assets are stated at cost. The carrying value of the building was reduced by \$400,000 in 1992 to more accurately reflect the market value of the property as indicated in an appraisal by Coastal Real Estate Appraisals Ltd. in February 1992. The carrying value was reduced in the current year by an additional amount of \$40,704 to reflect net realizable value as detailed in note 2. Depreciation is provided by the diminishing balance method at the following annual rates:

Building:	5%
Furniture and equipment:	20%
Computer hardware and software:	30%

##### Funds

Effective 1996, the College of Physicians and Surgeons of Nova Scotia began following a policy of appropriating surplus for future commitments. Surplus is now allocated based on expected future use as follows:

- (i) Operating Fund - available for future general use of the association;
- (ii) Reserve Fund - funds which the Council has designated for future specific purposes.

- (iii) Dedicated Discipline Fund - funds which the Council has designated to be used for funding an excess of actual hearing expenses in a given year over budgeted hearing expenses.

#### 2. SUBSEQUENT EVENT

Subsequent to year end, an agreement was reached to sell the building owned by the College of Physicians and Surgeons, at 5248 Morris Street, Halifax. The sale closes March 31, 1998 for an amount of \$415,000 (less 5% real estate commission). This sale price demonstrates that the actual value of the property at December 31, 1997 is less than the value shown on the financial statements. Therefore, a write-down to net realizable value in the amount of \$40,704 has been recorded. In addition, the College of Physicians and Surgeons will rent the building from the purchaser for the period April 1, 1998 to August, 1998 for \$3,500 per month.

#### 3. AUDITED FINANCIAL STATEMENTS

The full set of audited financial statements can be obtained by writing to the College of Physicians and Surgeons of Nova Scotia at 5248 Morris Street, Halifax, Nova Scotia.

College of Physicians and Surgeons of Nova Scotia Condensed Statement of Revenue,  
Expenses and Surplus for the Year Ended December 31, 1997

	1997		1996
	BUDGET	ACTUAL	ACTUAL
<b>Revenue</b>			
Annual licensing fees	1,364,300	1,365,105	1,419,667
Registration fees	17,400	33,588	20,800
Temporary fees	16,000	20,125	17,292
Specialists fees	7,100	10,846	6,900
Certificates of good standing	14,000	13,823	14,727
Physician incorporation	10,000	17,660	3,000
Other income	10,400	13,968	18,751
Investment income	55,000	24,857	47,410
	1,494,200	1,500,772	1,548,547
<b>Expenses</b>			
Council	283,000	233,041	164,783
Registrar	234,000	191,745	238,683
Complaints	117,500	111,251	91,756
Administration	869,400	834,203	772,416
Occupancy	45,200	89,278	92,044
Write-down of Morris Street property (note 2)	-	40,704	-
	1,549,100	1,500,222	1,359,682
<b>Excess of Revenue Over Expenditure for the Year</b>	(54,900)	550	188,865
<b>Operating Fund Surplus - beginning of year</b>		1,101,821	962,956
		1,102,371	1,151,821
Transfer to Reserve Fund		50,000	50,000
Transfer to Dedicated Discipline Fund		150,000	-
<b>Operating Fund Surplus- end of year</b>		902,371	1,101,821
<b>Reserve Fund</b>			
Surplus - beginning of year		51,378	-
Transfer from Operating Fund		50,000	50,000
Investment Income		4,790	1,378
<b>Surplus - end of year</b>		106,168	51,378
<b>Dedicated Discipline Fund</b>			
Transfer from Operating Fund		150,000	-
<b>Surplus - end of year</b>		150,000	-



College of Physicians and Surgeons of Nova Scotia Condensed Statement of Revenue,  
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<b>Surplus - end of year</b>		150,000	-



# Hearing Committee Decision

Under Section 81(1) of the Medical Act, the College is obligated to publish Hearing Committee decisions or summaries of the decisions in the Annual Report. Hearing Committee decisions are public documents and copies are available from the College. The following is a brief summary of a recent Hearing Committee decision:

A doctor was charged by the College with professional misconduct after complaints were received from five of his female patients. The hearing, lasting sixteen days, began in 1996 and concluded in 1997. The College had alleged that from 1989 to January 1995, the doctor:

- (1) conducted examinations of his patients which were inappropriate, unprofessional and/or unnecessary;
- (2) during appointments, unnecessarily removed clothing and/or failed to respect the privacy of his patients; and
- (3) made inappropriate comments and/or inquiries of a personal nature during appointments with his patients.

Detailed particulars of these charges, relating to each of the five patients, are outlined in the full version of the decision. In the decision, the Hearing Committee reviewed the evidence from the lengthy hearing and made its findings with respect to the charges and the particulars. In addressing the issue of credibility, the Committee stated:

"In assessing the credibility of witnesses, the Panel considered the opportunities for knowledge of each witness, their powers of observation, judgment and memory, the ability of the witnesses to describe clearly what he or she saw or heard, the demeanour of the witnesses and all of the surrounding circumstances."

The Committee concluded that the doctor was guilty of professional misconduct and heard submissions

from counsel for the doctor and the College as to penalty. Reference was made to a court case which outlined the following factors which might be taken into consideration in assessing the appropriate penalty:

- (1) The nature and gravity of the proven allegations;
- (2) The age and experience of the offending physician;
- (3) The previous character of the physician and in particular the presence or absence of any prior complaint or convictions;
- (4) The age and mental condition of the offended patient;
- (5) The number of times the offence was proven to have occurred;
- (6) The role of the physician in acknowledging what had occurred;
- (7) Whether the offending physician had already suffered other serious financial or other penalties as a result of the allegations having been made;
- (8) The impact of the incident on the offended patient;
- (9) The presence or absence of any mitigating circumstances;
- (10) The need to promote specific and general deterrents and, thereby, to protect the public and ensure the safe and proper practice of medicine;
- (11) The need to maintain the public's confidence in the integrity of the medical profession;
- (12) The degree to which the offensive conduct that was found to have occurred was clearly regarded, by consensus, as being the type of conduct that would fall outside the range of permitted conduct;
- (13) The range of sentence in other similar cases.

The Committee indicated that it had considered the submissions of counsel, the circumstances of the particular case and had taken into account the appropriate factors. The Committee concluded, in part:

"We reject submissions that the offences committed by [the doctor] are at the low end of the scale of professional misconduct. [The doctor] displayed a disregard for his patients and a lack of appreciation of boundary issues which must be considered by all physicians.

In this case five female patients placed their trust and confidence in [the doctor] and were subjected to extremely inappropriate and unacceptable behaviour by him.

We have a concern that if the type of behaviour which has been described to us remains unchecked, female patients will be reluctant to undergo examinations by male doctors. Patients must be able to have confidence and trust in their physicians.

The Panel is not satisfied that the reasons for some of the behaviour of [the doctor] are clear. We are of the view that by having an appropriate assessment carried out, both [the doctor] and the College will receive a better understanding of the problems that led to this behaviour and if remedial measures are recommended, that the best interests of the public will be served by compliance with same."

It was decided that the doctor's licence should be suspended for six months minimum or until he has attended a professional assessment program and has followed the recommendations of that assessment. He is also required to pay the College's costs of \$50,000 (a portion of the total costs incurred for the Hearing) in instalments over two years and is required to have a female chaperone present during physical examinations of all female patients.

The doctor has appealed this decision under the Medical Act to the Nova Scotia Court of Appeal. The appeal is being heard in early April 1998. At his request, the College has agreed not to implement the six month suspension pending the conclusion of his appeal. He continues to require the presence of a female chaperone for examinations of female patients.

*Full copies of the sixty-one page decision may be obtained from the College.*

Cameron D. Little, LLB, MD, FRCPC  
Registrar

# Physician Resource Statistics

## I Fully Registered Physicians in Nova Scotia

	1997	1996
<b>A. Type of Registration</b>		
Full Register	1,762	1,758
Defined Register	73	44
Temporary Register	18	14
<b>TOTAL</b>	<b>1,853</b>	<b>1,816</b>
<b>B. Specialist/Non-Specialist</b>		
Specialists	884	850
Non-Specialists	969	966
<b>C. Location (by County)</b>		
Annapolis	23	22
Antigonish	43	43
Cape Breton	186	165
Colchester	82	79
Cumberland	31	37
Digby	16	14
Guysborough	6	7
Halifax	1,091	1,069
Hants	41	35
Inverness	13	16
Kings	106	103
Lunenburg	77	75
Pictou	55	64
Queens	12	10
Richmond	11	6
Shelburne	11	11
Victoria	3	10
Yarmouth	46	49
<b>D. Place of Graduation</b>		
Dalhousie University	946	968
Other Canadian	339	356
U.S.A.	31	28
All Others	487	464

## II Net Changes to Nova Scotia Physician Pool

(Defined and Temporary Registrations included in New Registrations for 1997 only)

	1997	1996
New Registrations	232	64
Reactivated/Reinstated	43	33
Transferred to In-Province Listing	18	14
<b>TOTAL</b>	<b>293</b>	<b>111</b>
Transferred to Non-Resident Listing	(49)	(53)
Retired	(12)	(32)
Removed (Voluntary or Otherwise)	(128)	(91)
Deceased	(9)	(1)
<b>TOTAL</b>	<b>(190)</b>	<b>(177)</b>
Net Increase (Decrease) during each year	95	(66)

## III Other Registrants

	1997	1996
Full Register, out of province	317	340
Retired, out of province	18	18
Retired, in Nova Scotia	121	113
Medical Education Register	324	308

## IV Grand Total, All Registers

	1997	1996
As of December 31st, each year	2,633	2,595



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# Complaints by Category

Description	1997	1996
1. Clinical Care	55	60
2. Communication Problem	27	21
3. Sexual Misconduct	5	3
4. Miscellaneous	1	2
5. Narcotics/Restricted Drugs	N/A	10
6. Insurance Issues	3	4
7. Ethical Conduct	10	21
8. Physician Substance Abuse	3	2
9. Medical Records	2	7
Total Number of Complaints Received	106	130
Total Number of on-going Complaints (received during this period)	13	42

## Council: Elected Representatives and Appointees

### Elected Representatives

#### District # 1

**Dr. Mahmood A. Naqvi**  
Medical Director  
Cape Breton Regional Healthcare  
Complex  
1482 George Street  
Sydney, NS B1P 1P3

#### District # 2

**Dr. Shahid I. Awan**  
P.O. Box 177  
Amherst, NS B4H 3Z2

#### District # 3

**Dr. Shelagh Leahey**  
50 Vancouver St, Ste 313  
Yarmouth, NS B5A 2P4

#### District # 4

**Dr. Lynne Harrigan**  
81 Exhibition Street  
Kentville, NS B4N 1C2

### District# 5

**Dr. William C. Acker**  
5991 Spring Garden Rd, Ste 310  
Halifax, NS B3H 1Y6

**Dr. David A. Murphy**  
QEII Health Sciences Ctr (HI Site)  
1796 Summer St, Ste 2263  
Halifax, NS B3H 3A7

**Dr. Irene Szuler**  
6009 Quinpool Rd, Ste 305  
Halifax, NS B3K 5J6

**Dr. Reginald H. Yabsley**  
QEII Health Sciences Ctr (HI Site)  
1796 Summer St, Ste 4857  
Halifax, NS B3H 3A7

### Dalhousie University Appointee

**Dr. Robert Anderson**  
1641 Vernon Street  
Halifax, NS B3H 3M9

### Medical Society of NS Appointee

**Dr. Patricia A. Pearce**  
6155 North St, Ste 306  
Halifax, NS B3K 5R3

### Governor-in-Council Appointees

**Mr. Blois Colpitts**  
Stewart McKelvey Stirling Scales  
P.O. Box 997  
Halifax, NS B3J 2X2

**Ms Carol Jackman**  
87 Queen Street  
North Sydney, NS B2A 1A7

**Mr. Alan J. Stern, QC**  
McInnes Cooper & Robertson  
P.O. Box 730  
Halifax, NS B3J 2V1

**Mrs. Dawn Valardo**  
34 Kingston Crescent  
Dartmouth, NS B3A 2M2

*One Vacant Seat*



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*One Vacant Seat*

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President Elect  
Past President  
Registrar Secretary Treasurer  
Deputy Registrar

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Dr. William Acker (President Elect)  
Dr. Robert Anderson (Past President)  
Mr. Alan Stern, QC  
Dr. Patricia Pearce  
Dr. Mahmood Naqvi

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Dr. William Acker (Chair)  
Dr. Shahid Awan  
Mr. Blois Colpitts  
Dr. Irene Szuler

### Education

Dr. Robert Anderson (Chair)  
Dr. Reginald Yabsley  
Dr. Shahid Awan  
Dr. Irene Szuler (ex officio)

### Communications Committee

Dr. Shelagh Leabey (Chair)  
Dr. Mahmood Naqvi  
Mrs. Roselle Green  
Dr. Irene Szuler (ex officio)

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Medical Council of Canada*  
Dr. David Murphy  
Registrar

*Representatives to the  
Prescription Monitoring Program*  
Dr. Shelagh Leabey  
Dr. Robert Anderson  
Deputy Registrar

*Representatives to the  
College of Physicians and Surgeons of  
NS Registered Nurses Association  
of NS Scope of Practice*  
Dr. David Murphy  
Deputy Registrar

Dr. Irene M. E. Szuler  
Dr. William C. Acker  
Dr. Robert N. Anderson  
Dr. Cameron D. Little  
Dr. S. Clair MacLeod

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Mr. Alan Stern, QC  
Mrs. Dawn Valardo  
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Dr. David Murphy  
Dr. Robert Anderson  
Mr. Alan Stern, QC  
Dr. Irene Szuler (ex officio)

### Investigation Committee "A"

Dr. Shelagh Leabey (Chair)  
Dr. Mahmood Naqvi  
Dr. Patricia Pearce  
Ms. Carol Jackman  
Dr. Allen Bishop

### Investigation Committee "B"

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Dr. David Murphy  
Dr. Fran Calyon  
Dr. Albert Doucet  
Mrs. Dawn Valardo

### Nominating Committee

Dr. William Acker (Chair)  
Dr. Lynne Harrigan  
Ms. Carol Jackman  
Dr. Irene Szuler (ex officio)

### Legal Counsel

Ms. Anne Tutty

### Auditor

White Burgess Langille Inman